

BEST AVAILABLE COPY
ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	(AM)		1/18
O.I.P.E. CLASSIFIER			1/17/94
FORMALITY REVIEW	CG	6916165	3/7/94 9-24-94

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)... Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	
Original	
1	5/2/94
2	5/2/94
3	5/2/94
4	
5	
6	✓✓
7	
8	
9	✓✓
10	1
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24	
25	
26	✓✓
27	
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29	✓✓
30	1
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36	
37	✓✓
38	
39	✓✓
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50	IV ✓✓

Claim	Date
Final	
Original	
51	2/16/94
52	2/16/94
53	1
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88	✓✓
89	✓✓
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Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions
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